

Application or Docket Number

| | PAICN | COR | 10/530181 | | | | Ĺ | | | | | |
|--|---|---|---|--------------------------------|--|------------------|------|---------------------------------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY OTHER THAN | | | | |
| | | | (Column 1) | | (Column 2) | | TYF | PE | | OR • | SMALL | ENTITY |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE.ENT. = \$ 300 | | BASI | C FEE | • | OR | BASIC FEE | 3/10 |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | All other situations = \$100 / \$ 200 | | EXA | M. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | | All other situations = \$ 250 / \$ 500 | | SEAF | RCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | | X | 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | /8 minus 20 = | | • | | × | \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / m | inus 3 = | * | | X | 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | ESENT | | | | | 180 = | | OR | + \$ 360 = | 001 |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | OTAL | | OR | TOTAL | 400 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS | | | | | | | SMALL ENTITY ADDI- RATE TIONAL | | OR | OTHER SMALL E | NTITY ADDI- |
| AMENDMENT A | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA | | WIE . | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = | X | \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = . | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +\$ | 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. FEE | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID | BER DUSLY | PRESENT EXTRA | P | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X S | \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ | 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | + \$ 360 = | |
| | | | - | • | | | | L ADDIT. FEE | | OR | TOTAL ADDIT. | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.